

# **GOODS IN TRANSIT PROPOSAL FORM**

**IMPORTANT:** This proposal forms the basis of the Insurance contract between the Insured and the Insurer once completed by the Insured and accepted by the Insurer. Making a false statement or withholding any material fact may give the Insurer the right to repudiate any claim made under the policy or may result in the policy being declared null and void from inception, a material fact is any fact which influences the acceptance of the risk or conditions and premiums on which it is accepted. This proposal must therefore be fully/accurately completed and signed by the proposer.

**COVER REQUIRED:** ALL RISKS / FIRE, COLLISION, OVERTURNING

Inception Date: \_\_\_\_\_

Brokerage: \_\_\_\_\_

## **1. CLIENT DETAILS**

Company Name: \_\_\_\_\_

Trading As: \_\_\_\_\_

Company Reg: \_\_\_\_\_

Date Established: \_\_\_\_\_

Vat No: \_\_\_\_\_

Business Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

ID Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Tel Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

XL Transit (Pty) Ltd  
Reg No: 2012/140690/07  
FSP No: 47006  
Tel: 087 094 4052  
Email: xlt@xltransit.co.za

## **2. INSURANCE HISTORY**

2.1 Traded under different name: Yes \_\_\_\_\_ No \_\_\_\_\_ Please Specify: \_\_\_\_\_

2.2 Affiliated with other companies: Yes \_\_\_\_\_ No \_\_\_\_\_ Please Specify: \_\_\_\_\_

2.3 Currently insured: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Insurer: \_\_\_\_\_

2.4 Previously had this cover: Yes \_\_\_\_\_ No \_\_\_\_\_ Name of Insurer: \_\_\_\_\_

Has an insurer at any time (if selected yes, please provide the reason):

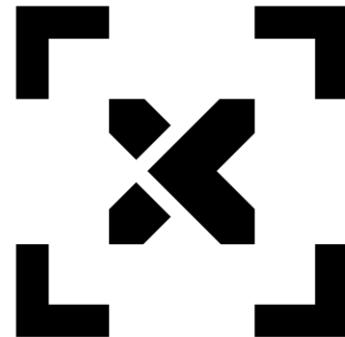
2.5 Declined insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

2.6 Imposed special terms: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

2.7 Refused to renew policy: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

2.8 Cancelled cover: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_

2.9 Repudiated a claim: Yes \_\_\_\_\_ No \_\_\_\_\_ Reason: \_\_\_\_\_



**XL TRANSIT**

### **3. GIT CLAIMS HISTORY (INCLUDING LOSSES THAT MAY NOT HAVE BEEN DIRECTLY CLAIMED VIA YOUR INSURANCE POLICY)**

If you have incurred any GIT claims within the last 3 years, please attach the verified loss history from your previous insurers. If you have not incurred any claims, please confirm this in the space provided below (kindly note that the wording "n/a" will not be accepted):

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### **4. DRIVER DETAILS AND COMPANY RECRUITMENT PROCEDURE**

4.1 Specific driver per vehicle: Yes \_\_\_\_\_ No \_\_\_\_\_

4.2 Are driver documents kept on record and verified with authorities: Yes \_\_\_\_\_ No \_\_\_\_\_

4.3 Do all drivers have valid PRDPs (if applicable): Yes \_\_\_\_\_ No \_\_\_\_\_

4.4 Previous employment history and reference checks conducted on drivers: Yes \_\_\_\_\_ No \_\_\_\_\_

4.5 Criminal background checks conducted on drivers: Yes \_\_\_\_\_ No \_\_\_\_\_

4.6 Foreign nationals employed as drivers: Yes \_\_\_\_\_ No \_\_\_\_\_

4.7 Do foreign nationals have the equivalent of our PRDP as required by the National Road Traffic Act (if applicable): Yes \_\_\_\_\_ No \_\_\_\_\_

4.8 Please confirm nationalities and percentage of foreign drivers below:

\_\_\_\_\_ % : \_\_\_\_\_

### **5. HIJACKING PROCEDURE**

Please provide a full explanation of detailed procedure of hijacking response plan (for example ; do you ensure SAPS are notified immediately, do you ensure the required incident response centre is notified as soon as reasonably possible , do you ensure your tracking company is immediately alerted ) :

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### **6. RISK INFORMATION**

6.1 Are all vehicles fitted with a tracking device? (Please specify type) \_\_\_\_\_

6.2 Is the tracking device an early warning system? (Yes or No) \_\_\_\_\_

6.3 Do the drivers travel between the hours of 11pm and 5am (Yes or No) \_\_\_\_\_

6.4 How often do drivers rest? \_\_\_\_\_

6.5 Where do they stop? \_\_\_\_\_

6.6 What controls are used to ensure safe overnight stops? \_\_\_\_\_

### **7. TERRITORIAL LIMITS**

7.1 Within RSA (please specify provinces): \_\_\_\_\_

7.2 Cross border (please specify countries): \_\_\_\_\_

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7.3 Radius of operation: Short hauls (max 150km) \_\_\_\_\_ % Long hauls \_\_\_\_\_ %

## 8. COMMODITIES CARRIED

Commodity type:

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Percentage of total:

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## 9. LOAD LIMIT

Maximum required limit: R \_\_\_\_\_ Average value per load: R \_\_\_\_\_

## 10. SIDE TANK DIESEL SPILL COVER (SELECT IF REQUIRED)

Cover limited to R150 000.00 per incident, cover includes clean up, rehabilitation and contamination.

Yes \_\_\_\_\_ No \_\_\_\_\_

## 11. VEHICLE DETAILS

11.1 How many vehicles in your fleet requiring insurance on loads are:

Truck / Tractor \_\_\_\_\_ Rigid \_\_\_\_\_ LDV \_\_\_\_\_ Trailer \_\_\_\_\_ Cooler Trailer \_\_\_\_\_

11.2 How many of your rigid / trailers are:

Fully enclosed \_\_\_\_\_ Semi enclosed \_\_\_\_\_ Open backed \_\_\_\_\_

11.3 Fleet list (if more than 10 carriers please attach fleet list):

VEHICLE DESCRIPTION	YEAR MODEL	REGISTRATION NUMBER	LOAD LIMIT IN RANDS

# **XLT ENVIRO PROPOSAL FORM**

**(TO BE COMPLETED ONLY WHERE THIS COVER IS REQUIRED)**

## **1. EMERGENCY RESPONSE SPILL PLAN**

1.1 Please provide full explanation of detailed procedure of emergency response spill plan:

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1.2 Which company completed the Hazchem programme? \_\_\_\_\_

1.3 When was it completed? \_\_\_\_\_

1.4 Is training done on a continuous basis? \_\_\_\_\_

## **2. LIMIT OF INDEMNITY**

Limit required (R1 – R30 million): \_\_\_\_\_ Number of vehicles requiring cover \_\_\_\_\_

## **3. COMMODITIES CARRIED**

Please provide un numbers as well as copies of material safety data sheet:

NAME / COMMODITY TYPE	UN NUMBER	DANGEROUS GOODS CLASS	PERCENTAGE TRANSPORTED

Please specify any non UN listed commodities carried: \_\_\_\_\_

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## **4. METHOD OF TRANSPORT**

Please select how the cargo is transported:

Bulk \_\_\_\_\_ Raw material \_\_\_\_\_ Containerised \_\_\_\_\_

Drums \_\_\_\_\_ Tankers \_\_\_\_\_ Other \_\_\_\_\_

## **5. SPILLAGE CLAIMS HISTORY**

If you have incurred any claims relating to spillage and clean up within the last 3 years, please attach the verified loss history from your previous insurers. If you have not incurred any claims, please confirm this in the space provided below (kindly note that the wording "n/a" will not be accepted):

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## **IMPORTANT**

Please note that the quote and cover to be provided will be subject to drivers having the appropriate licence, and adherence to legislation regarding the transportation of hazardous goods.

## **DECLARATION OF PROPOSER**

I hereby declare that all statements made herein are true and correct and that there are no other material facts regarding the risk that should be disclosed. I further agree that if any statement or particulars herein supplied by any person other than myself, that the person shall be deemed to have been acting as my agent for the purpose of this proposal. I am also not aware of any claims against my other than those mentioned above.

I hereby confirm that I will advise insurers timeously of any changes to the information supplied in this proposal, which includes (however not limited to): clients personal details, contact information, affiliations to other entities, trading name, driver recruitment procedure and risk information. Failure to do so will result in insurers deeming the information supplied in this proposal to be true and accurate.

If the insurer is not notified of a relationship between the insured and any other persons/entities, in the event of a claim where the liability for the load and/or the indemnification rests with any person/entity other than the policyholder, the policy will not extend to include such entities and therefore no cover will be in place.

Any untrue or incorrect statement in this proposal will result in

- i. The policy being null and void from inception.
- ii. The forfeiture of the premium and return of all sums of money paid by the Insurer.

Please note: our policy requires

- i. All drivers to be fully licensed.
- ii. All vehicles to be road worthy in terms of the road traffic act no 93 of 1966 (as amended).

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Place: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please note that this proposal does not bind the underwriters in any way, unless the inception is confirmed in writing from the underwriters.**

## **DEBIT ORDER AUTHORITY FORM**

### **A. Authority**

Given by (name of account holder) \_\_\_\_\_

Address \_\_\_\_\_

Bank \_\_\_\_\_

Branch and Code \_\_\_\_\_

Account Number \_\_\_\_\_

Type of Account Current (cheque) / Savings / Transmission

Amount \_\_\_\_\_

Monthly Debit Date (any date between 1<sup>st</sup> to 15<sup>th</sup>) \_\_\_\_\_

To (name of beneficiary) \_\_\_\_\_

Abbreviated Name as Registered with the Bank \_\_\_\_\_

Beneficiary's Address \_\_\_\_\_  
This signed Authority and Mandate refers to our contract dated \_\_\_\_\_ ("the Agreement")

I/We hereby authorise you to issue and deliver payment instructions to your Banker for collection against my/our above-mentioned account at my/our above-mentioned Bank (or any other above-mentioned Bank (or any other Bank or branch to which I/we may transfer my/our account) on condition that the sum of such payment instructions will never exceed my/our obligations as agreed to in the Agreement and commencing on \_\_\_\_\_ and continuing until this Authority and Mandate is terminated by me/us by giving you notice in writing of not less than 20 ordinary working days, and sent by prepaid registered post or delivered to your address as indicated above.

The individual payment instructions so authorised to be issued and delivered as follows: monthly, bi-monthly, three monthly, six monthly, annually, weekly, bi-weekly (delete that which is not applicable)

In the event that the payment day falls on a Sunday, or recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

Payment instructions due in December may be debited against my account on \_\_\_\_\_.

I/We understand that the withdrawals hereby authorised will be processed through a computerised system provided by the South African Banks. I also understand the details of each withdrawal will be printed on my Bank statement. Such must contain a number, which must be included in the said payment instruction and if provided to me should enable me to identify the Agreement. This number must be added to this form in Section E before the issuing of any payment instruction.

#### **B. Mandate**

I/We acknowledge that all payment instructions issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.

#### **C. Cancellation**

I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the Agreement. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority was in force, if such amounts were legally owing to you.

#### **D. Assignment**

I/WE acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement this Authority and Mandate cannot be assigned to any third party.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_

(Signature as used for operating on the account)